

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14808

State File No.

318

1003

3456

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St Louis</u>)		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer Phillips Hosp</u>				STREET ADDRESS (If rural, give location) <u>22 1538 Lovejoy</u>				City, State or Foreign Country <u>Mo</u>			
3. NAME OF DECEASED (Type or Print) <u>Mary Louise Riddle</u>		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>4-1-56</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 23, 1915</u>		9. AGE (In years last birthday) <u>10</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Wallace Lee Riddle</u>			13b. MOTHER'S MAIDEN NAME <u>Leola Williams</u>			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Leola Riddle - 1538 Lovejoy</u>				ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Subdural Hemorrhage</u> ANTECEDENT CAUSES <u>Fracture of Skull; suffered broken skull by unguarded bus of Public Service Co. in charge of one Jordan Jufferman Jr., Parking lot at Wellstone</u> II. OTHER SIGNIFICANT CONDITIONS <u>Shop about 220 pm., April 1st 1956.</u>				INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis MO</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 1 56 2:30 pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>acc</u>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:45P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Deputy Coroner</u> (Degree or title)				23b. ADDRESS <u>1000 Clark</u>				23c. DATE SIGNED <u>4/1/56</u>			
24a. FURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wash Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Berkeley MO</u>					
DATE REC'D BY LOCAL REG. <u>APR 6 1956</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>			ADDRESS <u>4303 Delmar</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Daniel W. Hugh*.....

Licensed Embalmer No. *480*

P. O. Address *4415-00*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.